

# MOURN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045463

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11245

STATE FILE NUMBER

FILED NOV 22 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis, Mo

Length of stay in 1b

1 Hr

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

STATE Missouri

COUNTY St. Louis

c. CITY

Webster Groves

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Deaconess Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

124 E. Swon

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

James

Carr

Gamble, Sr.

4. DATE OF DEATH

Month

Day

Year

November 12, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-13-88

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Advertising

10b. KIND OF BUSINESS OR INDUSTRY

St. Globe Democrat

11. BIRTHPLACE (City and state or country)

St. Louis Mo

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

John August Gamble

13b. MOTHER'S MAIDEN NAME

Julia Robinson

14. NAME OF HUSBAND OR WIFE

Edna Idler Gamble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

J Carr Gamble 314 Briston Rd

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Antero-Septal Infarction of Myocardium

INTERVAL BETWEEN ONSET AND DEATH

less 1 day

DUE TO (b)

Arteriosclerosis of anterior coronary artery

DUE TO (c)

Rheumatoid arthritis - Fracture of femur

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fell at home

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

9-9-63

Home

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home 3W

20f. CITY, TOWN, OR LOCATION

Webster Groves, Mo.

COUNTY

STATE

21. I attended the deceased from 1955

to Nov. 1963

and last saw him alive on 11/12/1963

Death occurred at 11/12/63

4:10

P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

H. A. Goodrich, M.D.

22b. ADDRESS

19 E. Lockwood

St. Louis, Mo. 63119

22c. DATE SIGNED

11/13/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

11-14-63

23c. NAME OF CEMETERY OR CREMATORY

BELLE FONTAINE CEM

23d. LOCATION (City, town, or county)

ST. LOUIS

(State)

MO.

24. FUNERAL DIRECTOR

MITTELBERG - GERBER

ADDRESS

COLONIAL CHAPEL

25. DATE RECD. BY LOCAL REG.

NOV 13 1963

26. REGISTRAR'S SIGNATURE

Roan Smith, M.D.

WEBSTER GROVES 19, MO.

(Licensed Embalmer's Statement on Reverse Side)

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*James Dinkley*

Licensed Embalmer No.

*3053*

P. O. Address

*St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.